Closing the treatment gap for children
“There is no such thing as a single-issue struggle because we do not live single issue lives.” Audre Lorde
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1. Closing the treatment gap for children (0-14 years)

UNICEF projects that globally, between 2018 and 2030, about 1.2 million deaths due to AIDS-related causes will occur among children and adolescents (0-19 years). Without timely testing and treatment, one third of children with HIV die by the age of one and half before their second birthday. The treatment ‘gap’ between adults and children accessing antiretroviral treatment (ART) is currently the largest it has been since 2010. In 2017, 52% of children (aged 0–14) living with HIV were accessing ART compared with 59 per cent of adults (aged 15 and older). The need to close this gap is a matter of equity and social justice, as well as of saving children’s lives. Reaching children living with HIV, ensuring they reach adolescence, and providing a continuum of care is essential to ending AIDS as a public health threat by 2030 and to achieving zero AIDS-related deaths.

Globally, the coverage of children and adolescents with life-saving antiretroviral treatment lags behind that of adults. Children can grow up and achieve a normal lifespan with effective treatment. The overarching goal is to close the HIV treatment gap for children (0-14 years). Closing the treatment gap entails timely diagnosis, earlier treatment initiation, more effective monitoring and age-appropriate services to retain children in care and promote healthy transition into adolescence. This is key to achieving an AIDS-free generation.

Approximately 3 million children and adolescents were estimated to be living with HIV in 2017. These include 1.2 million children (0 to 9 years old) and 1.8 million adolescents (10 to 19 years old). Peak mortality occurs between six weeks to four months of age for children who have acquired HIV infection. Early infant diagnosis is therefore essential to identify the HIV status of infants and to improve prevention and treatment interventions. Only half of all infants exposed to HIV were tested for the virus within first two months after birth in 2017.

These figures highlight the problem of poor access to testing and treatment for children and call for a targeted intervention. The initiative seeks to strengthen systems and services to meet targets for children to close the treatment gap using integrated Maternal, Newborn and Child Health (MNCH) service delivery interventions. In this initiative, through a civil society engagement approach, communities will be mobilized to provide peer support to improve retention in care and adherence among children, as well as engaging in outreach to identify other mothers and children in need of testing and linkage to care. Such community engagement models such as UNICEF’s MomConnect, (linking women and mothers to healthcare through mobile technology), mothers2mothers (South African NGO), community health workers, CBOs and other networks of mothers living with HIV will significantly improve the response to HIV, particularly among children.
2. Implementation Plan

Despite progress made toward ending the HIV epidemic, there remain huge gaps in paediatric diagnosis and ART access. Accelerating development of better and more tolerable age-appropriate paediatric formulations of antiretroviral medicines is a high priority.

Using the model of Locate > Test > Link > Treat > Retain, this project seeks to strengthen the AIDS response by harnessing the key stages in HIV detection and treatment and providing a rapid and effective response to ensure children are given the best possible chance to reach adolescence.

The country-specific plan to reach children living with HIV will be targeted at 10 fast-track countries within the ‘AIDS FREE’ initiative divided between Eastern and Southern Africa, and West and Central Africa. They include: Cameroon, Mozambique, Nigeria, Kenya, Malawi, Tanzania, Zambia, Angola, Côte d’Ivoire and Democratic Republic of Congo. The 10 countries have been selected based on the burden of disease and coverage of diagnosis and ART. These countries contribute 51% of the estimated global number of children (0-14) living with HIV. Paediatric ART coverage in these countries ranges from 14-82%.

The 10 countries are divided into three categories. Within each of these categories, WHO and UNICEF will work jointly with country offices during the co-creation phase to define targets and programme activities to address the gaps. Across all three categories, country-specific strategies to promote transition to adolescent and adult care will also be addressed.

**Category 1: High Burden – Low Coverage.** These countries have a high number of children (0-14) living with HIV (>50,000) and low levels of ART coverage in this population (<50%).

**Strategy:** Strengthen health facility and community platforms to deliver proven approaches for early infant diagnosis (EID), including POC EID, paediatric testing and paediatric treatment with linkages to care through MNCH platforms.

**Category 2: High Burden – High Coverage.** These countries have high numbers of children (0-14) living with HIV (>50,000) and high levels of ART coverage (>50%).

**Strategy:** Targeted approaches to address specific programme gaps and identify hard to reach populations such as children in remote or rural areas, children living in extreme poverty, migrant children and children in emergency settings.

**Category 3: Low burden – Low Coverage.** These countries have low numbers of children (0-14) living with HIV (<50,000), but also low coverage of services.

**Strategy:** Address inequities and disparities in access by using approaches such as index case testing to identify children, facilitated linkage to care and integrated service delivery to increase access to treatment and care.
3. Expected successes of the initiative

- Increased coverage of HIV testing and referrals to treatment in children 0-14 years of age.
- Increased retention in HIV care and utilization of related health and social services among children/adolescents living with HIV (0-14 years).
- An enhanced "enabling environment" to support comprehensive paediatric HIV care through cross-sectoral coordination and integration, target setting, and national budgeting.
- Scalable implementation models developed based on results, good practices and lessons learnt from programme implementation.

The initiative also seeks to strengthen national systems and capacities, leverage domestic finances and enhance national governments and civil society ownership through participatory planning.

Commitment through participatory planning and monitoring processes will constitute measurable actions to increase sustainability and scalability of paediatric HIV treatment.

**Target:**

<table>
<thead>
<tr>
<th>Country</th>
<th>CLHIV (0-14)</th>
<th>90% Target</th>
<th>Numbers of children currently receiving ART</th>
<th>Target for new ART initiations in children via this project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>40,000</td>
<td>36,000</td>
<td>10000</td>
<td>26,000</td>
</tr>
<tr>
<td>Mozambique</td>
<td>170,000</td>
<td>153,000</td>
<td>86700</td>
<td>66,300</td>
</tr>
<tr>
<td>Nigeria</td>
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<td>198,000</td>
<td>57200</td>
<td>140,800</td>
</tr>
<tr>
<td>Kenya</td>
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<td>99,000</td>
<td>90200</td>
<td>8,800</td>
</tr>
<tr>
<td>Malawi</td>
<td>71,000</td>
<td>63,900</td>
<td>44730</td>
<td>19,170</td>
</tr>
<tr>
<td>Tanzania</td>
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<td>108,000</td>
<td>55200</td>
<td>52,800</td>
</tr>
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<td>Zambia</td>
<td>72,000</td>
<td>64,800</td>
<td>46080</td>
<td>18,720</td>
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<td>Angola</td>
<td>27,000</td>
<td>24,300</td>
<td>3780</td>
<td>20,520</td>
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<tr>
<td>Côte d’Ivoire</td>
<td>38,000</td>
<td>34,200</td>
<td>10260</td>
<td>23,940</td>
</tr>
<tr>
<td>DRC</td>
<td>51,000</td>
<td>45,900</td>
<td>17340</td>
<td>28,560</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>919,000</strong></td>
<td><strong>827,100</strong></td>
<td><strong>421,490</strong></td>
<td><strong>405,610</strong></td>
</tr>
</tbody>
</table>
4. Key partners and collaborators

Governmental partners: Ministry of Health, Ministry of Social Development

NGOs: networks of mothers living with HIV, mothers2mothers,

Local media

Academic Institutions

Private Sector

Within the global partners, a technical group will be convened together with WHO where other partners (including UNAIDS Global Fund and Aids Free partners) will provide technical input.

UNITAID and the Clinton Health Access Initiative will also be engaged to optimize ARV procurement, and support EID and expansion of POC technologies.

We will capitalize on our presence on the ground and our convening role as trusted government partners to support and strengthen health and community systems for delivering HIV care to children. This role is especially important for low HIV burden/low coverage settings, where targeted advocacy by the UN can generate political momentum to increase coverage among underserved populations.

UNICEF and WHO will also bring experience from successful community engagement initiatives, such as INSPIRE and OHTA, and innovative strategies for case finding and linkage to care, to identify previously untested at-risk children and ensure that children who test positive are linked to care.
5. How will progress be monitored?

Monitoring and Evaluation (M&E) will be harmonized with national, regional and global monitoring and evaluation systems across multiple sectors. Specific tasks will include:

a) Support to the national strategic information department to undertake bottleneck analyses and strengthen Sustainable Development Goal monitoring

(b) Provide technical support to expand the use of inter-sectoral information management systems

(c) Support countries subnational Monitoring and Evaluation systems to increase availability of quality age, sex and geographic disaggregated data on testing, treatment and viral suppression of children and adolescents to improve annual Global AIDS Monitoring (GAM) and inform the Spectrum model

(d) Increase access to strategic information, including through evaluations, performance monitoring and reporting. UN Country Offices will carry out annual and mid-year reviews along with regularly field monitoring visits to the sites of implementation.
6. Indicators: How will we measure our success?

- Number (and percentage) of infants born to pregnant women living with HIV tested for HIV within their first two months of life.

- Number of children over 1 year tested for HIV who have received the result of their last test

- Number of countries with least 90% ART coverage among children 0-14.

- Number of children living with HIV 0-14 who remained on treatment 12 months after initiation

- Number of countries implementing equity-informed national plans to fast-track 90-90-90 targets for children living with HIV.
7. The budget

The cost for this specific opportunity is 5,600,000 USD, across a 3-year timeline from 2019 to 2021.

A detailed breakdown can be made available upon request.